

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Josephine Bain</i>		Town <i>Near Ingleside</i>		County <i>2 A County -</i>		MARYLAND	
Died at <i>Near Ingleside</i>		Date of death 1903		Month <i>Feb</i>		Day <i>26</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Years <i>42</i>		Months <i>6</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>		Birthplace <i>2 A Co</i>		Days <i>20</i>	
Name of Wife or Husband <i>Henry Bain</i>		Father's Name <i>Wm. J. Plummer -</i>		Father's Birthplace <i>Talbot Co</i>		Mother's Birthplace <i>Anne Arundel</i>	
Mother's Maiden Name <i>Sallie Pippin</i>		Name of person giving information <i>Henry Bain</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>		How long <i>10 days</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. Abraham M. D.</i>	
		Address <i>Ingleside Md.</i>	
Accident or Suicide?			

Centerville Cemetery

Name in Full

Certificate of Death

No name & Still Born

Died at ^{Town} *Man Ruthsburg* ^{County} *Queen Anne*

MARYLAND

Date 1903 ^{Month} *Feb* ^{Day} *8* ^{Y.} ^{M.} ^{D.} ^{Age} ^{Native of} ^{Occupation}

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of
WifeFather's Name *John Blackson* Mother's Maiden Name *Amelia Thomas*Cause of Death { Primary *Still Born* Immediate

How long sick

Accident, Suicide, Homicide

Reported by *John H. Russum Undertaker*
Address *Hillsboro Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charles Brown

Died at ^{Town} *Estersville* ^{County} *Farm Anne*

MARYLAND

Date 19 *03* Month *7* Day *19* Y. *1* M. *1* D. Native of *md* Occupation

Male ~~White~~ Married ~~Widow~~ Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

*Ferdinand Brown**Mary Gibbs*

Cause of

Primary

Cold

How long sick

Several days

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Postle Lucas

Address

Estersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Berton B. Bryan

CERTIFICATE OF DEATH

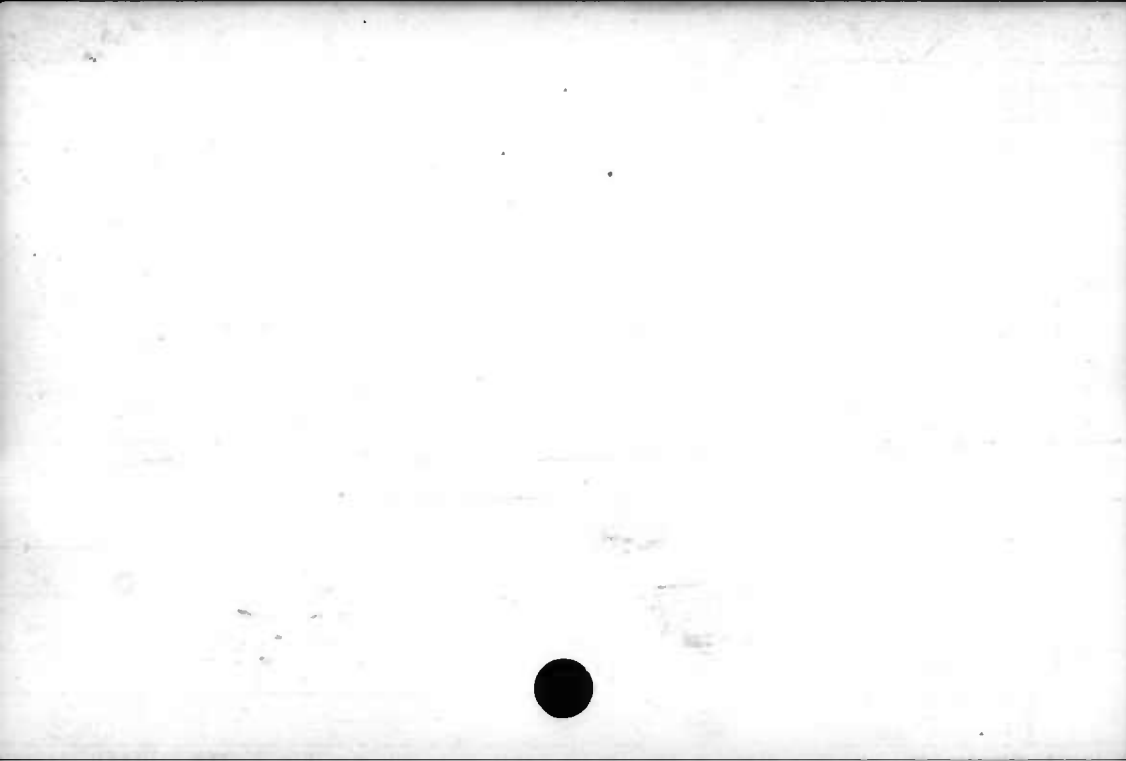
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Winchester</i> ^{Town}		<i>Queen An.</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>2</i>	Day <i>8</i>	Age <i>1</i>	Years <i>8</i>	Months <i>1</i>
Sex <i>White</i>	Color or Race <i>Male</i>		Birth-place <i>Winchester</i>		
Married, Single <i>Single</i> or Widowed			Occupation <i>None</i>		
Name of Wife or Husband <i>X</i>			<i>X</i>		
Father's Name <i>Milton A Bryan</i>			Father's Birthplace <i>Queen An Co</i>		
Mother's Maiden Name <i>Emma L Dullen</i>			Mother's Birthplace <i>Queen An Co</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
<i>Pneumonia</i> <i>93</i>	
Immediate	How long
<i>93</i>	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. O. G. Hall M.D.</i>
	Address <i>Board St. Sta. Md</i>
Accident or Suicide?	



Name
in
Full

Elmira Agatha Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Centerville</i>		County <i>Green June</i>		MARYLAND	
Date of death 190	Month	Day	Age	Years	Months	Days	
3	2	8	72	72	7		
Sex	Female		Color or Race	Anglo-Saxon		Birth-place	Ind
Married, Single or Widowed	Widow		Occupation	Lady			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
Mrs R.M. Hopkins				Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>La Grippe</i>	How long	<i>10 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>y 10</i>		<i>W. H. Kraus MD</i>	
		Address	
		<i>Centerville</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

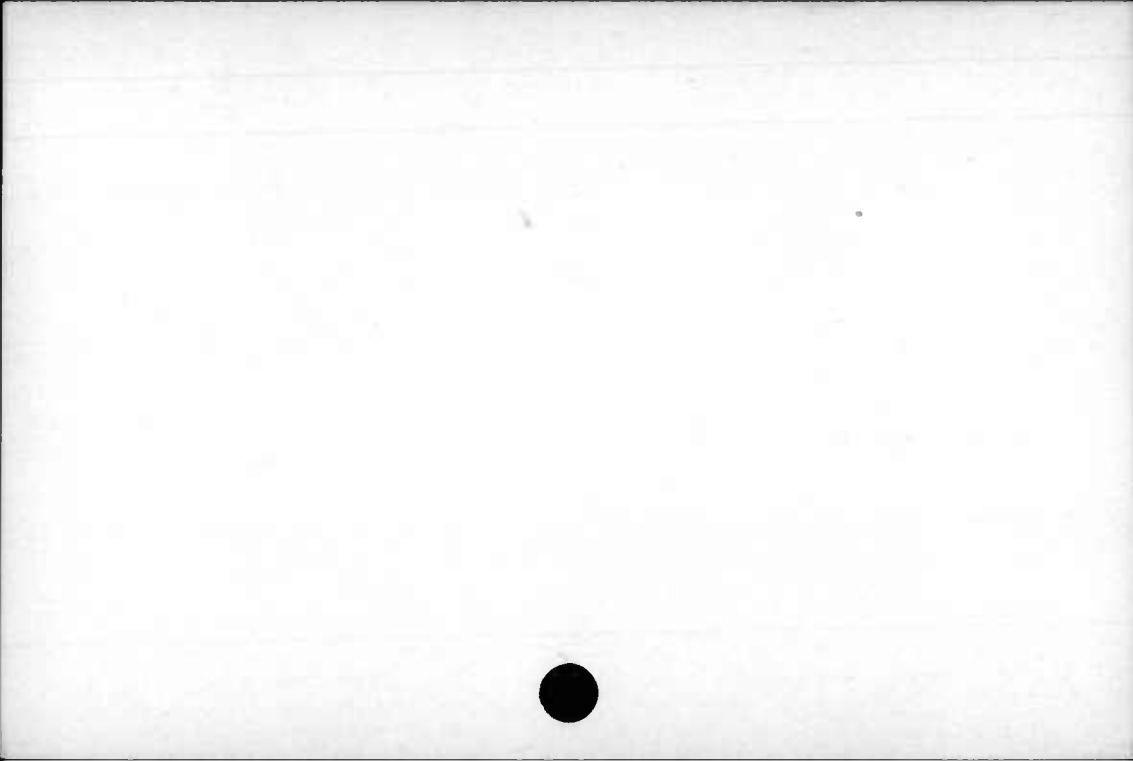
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barnesville</i> Town		<i>Summit</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>2</i>	Day <i>24</i>	Age <i>40</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Barnesville</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>Laborer</i>				
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Sallie Short</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia & Abscess</i>	How long <i>6 months</i>
Immediate <i>Internal rupture of abscess</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>none</i>
<i>no</i>	Address <i>Joseph Bowman</i> <i>Heidestadt</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Mrs Mary F. Haddaway

CERTIFICATE OF DEATH

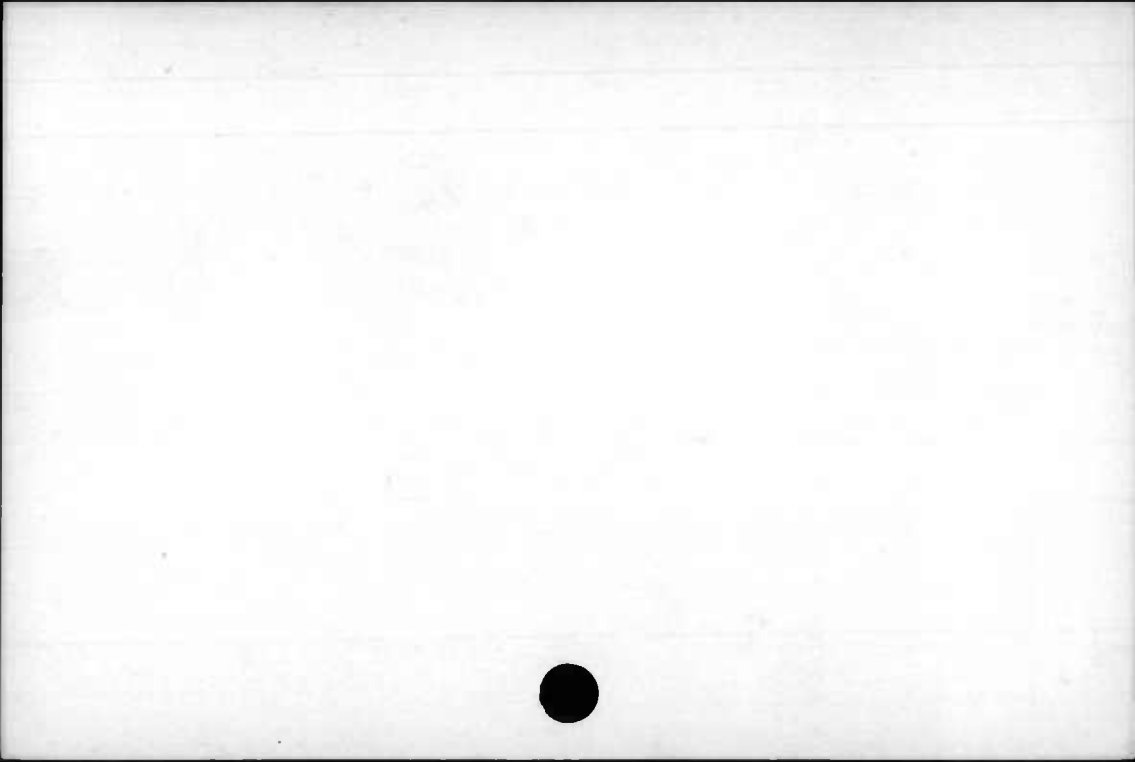
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>butteville</i> ^{Town}		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>2</i>	Day <i>13</i>	Age <i>85</i>	Months <i>5</i>	Days <i>29</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Free Amies</i>			
Married, Single or Widowed <i>Widowed</i>		Occupation <i>none</i>			
Name of Wife or Husband <i>Osley Haddaway</i>					
Father's Name <i>—</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>H. A. Rebock</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arteriosclerosis</i>	How long <i>2 or 3 yrs</i>
Immediate <i>Paralysis</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Tracey</i>
	Address <i>butteville</i>
	<i>Free Amies</i>
Accident or Suicide?	



Name
In
Full

George B. Haudey

CERTIFICATE OF DEATH

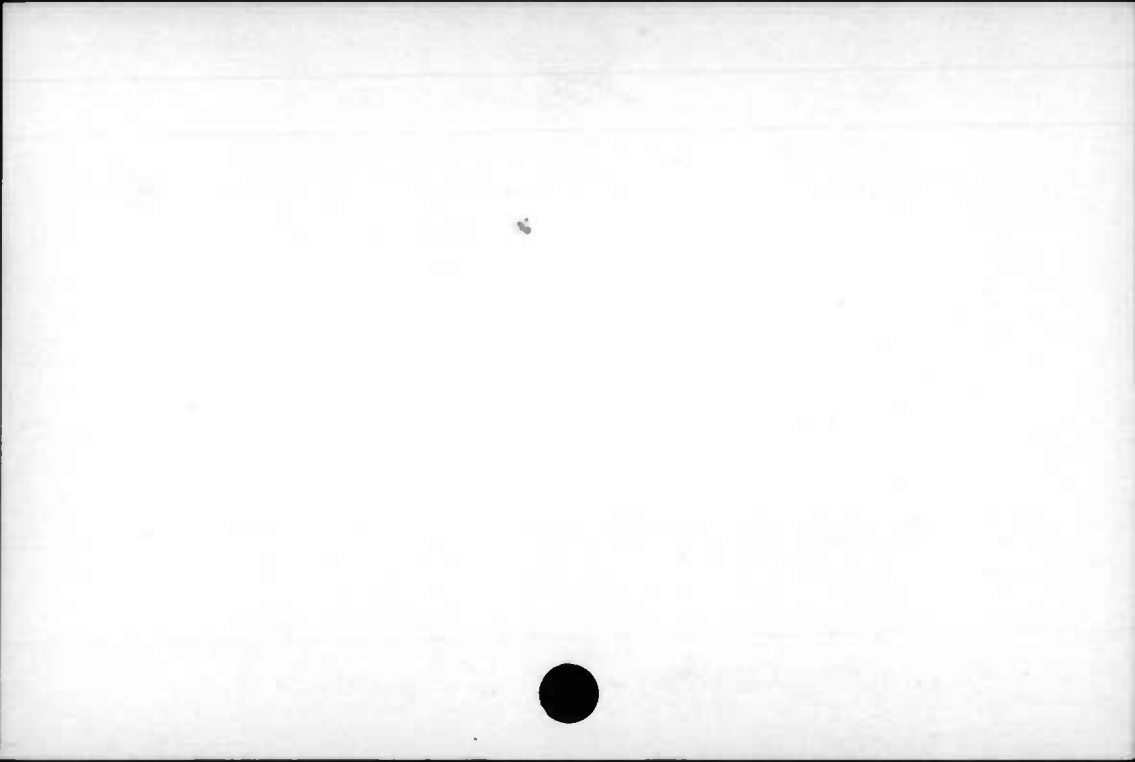
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gauleston</i> ^{Town}		<i>Queen Anne</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>2</i>	Day <i>8</i>	Age <i>42</i>	Months <i>5</i>	Days
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Queen Anne Is.</i>		
Married, Single or Widowed <i>married</i>		Occupation <i>carpenter</i>			
Name of Wife or Husband <i>Eunice Haudey</i>					
Father's Name <i>_____</i>			Father's Birthplace <i>_____</i>		
Mother's Maiden Name <i>_____</i>			Mother's Birthplace <i>_____</i>		
Name of person giving information <i>Eunice Haudey</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>2 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Mark Krauss</i>
	Address <i>Buttrick</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

Charlotte E Harrington

Town

County

Died at Church Hill

2400

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

Feb

7-

Age

61

2-

7

Sex

Female

Color or
Race

White

Birth-
place

Cecil Co Md

Married, Single
or Widowed

Married

Occupation

Housewife -

Name of Wife or
Husband

James W. Harrington

Father's
Name

Kirk Brown

Father's
Birthplace

Pa

Mother's
Maiden Name

Ether Ann Nelson

Mother's
Birthplace

Md

Name of person giving
In formation

R. Brown

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Ulcerative Gastritis

How long

3 mo -

Immediate

Pericarditis

How long

3 wks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Jas. E. Gully
Tempsville Md

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Church Hill Cemetery

Name
in
Full

Richard Harris

CERTIFICATE OF DEATH

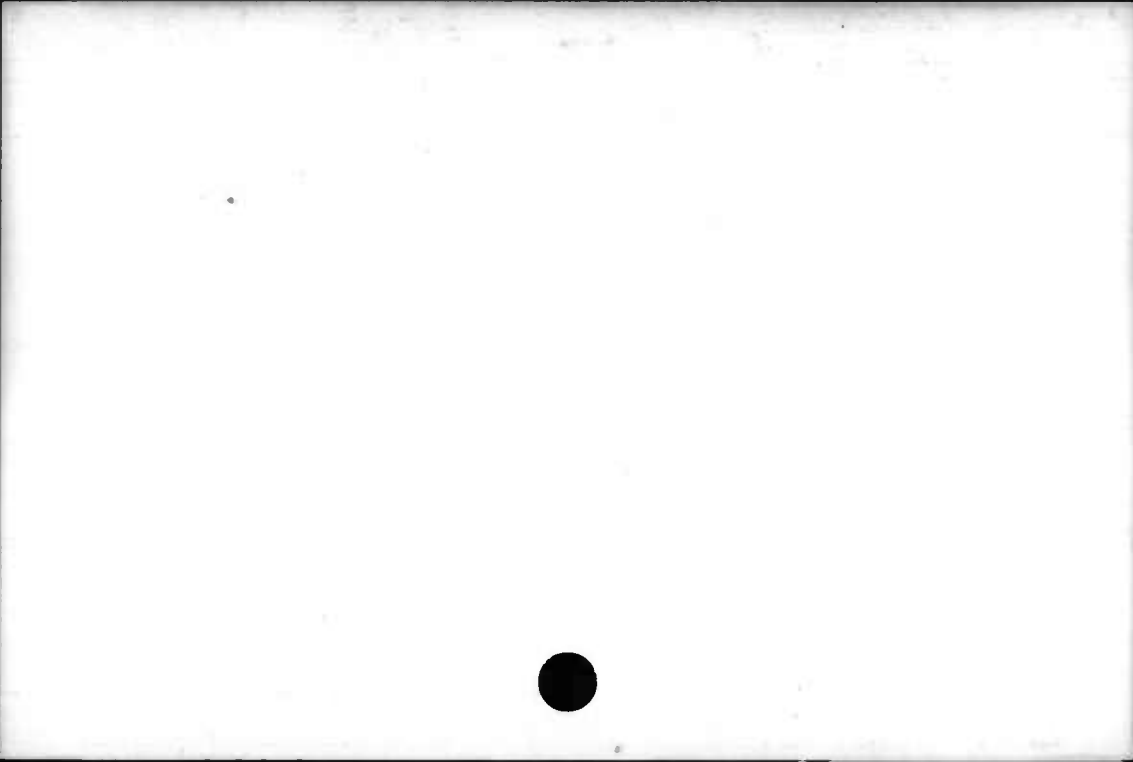
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Centreville</u> <small>Town</small>		<u>Queen</u> <small>County</small>		MARYLAND	
Date of death 1903	<u>Feb</u> <small>Month</small>	<u>19</u> <small>Day</small>	Age <u>27</u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Falbot Co</u>		
<u>Married</u> , Single or <u>Widowed</u>			Occupation <u>Farm hand</u>		
Name of Wife or Husband <u> </u>					
Father's Name <u> </u>				Father's Birthplace <u> </u>	
Mother's Maiden Name <u> </u>				Mother's Birthplace <u> </u>	
Name of person giving information <u>Wm Wilmer</u>				How related to deceased <u>not at all</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Consumption</u>	How long <u>6 months</u>
Immediate <u>27</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>None</u>
<u>Jos. G. Dawson</u>	Address <u>Undertaker</u>
Accident or Suicide? <u> </u>	



Name
in
Full.

Elizabeth L. Holiday

CERTIFICATE OF DEATH

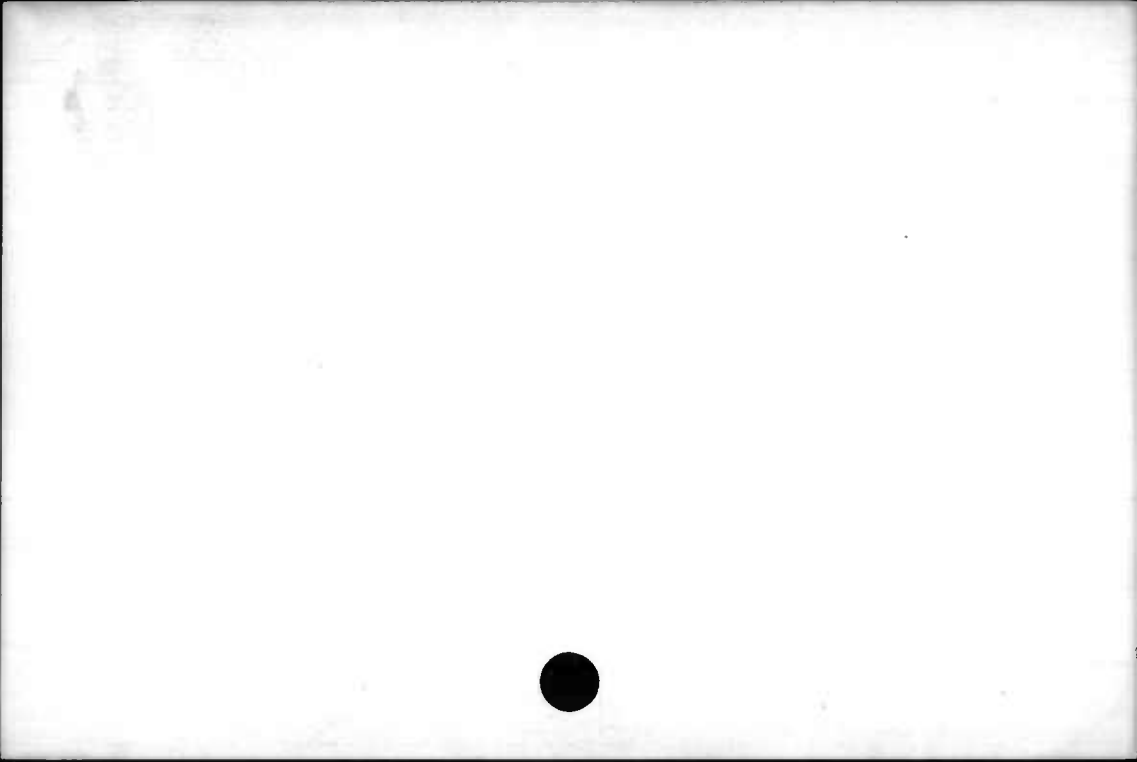
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Crumpton		County Queen Anne's		MARYLAND	
Date of death 1903		Month 9	Day 27	Age 66		Months	Days
Sex Female		Color or Race Colored		Birth- place Maryland			
Married, Single or Widowed		Widow		Occupation Housekeeper			
Name of Wife or Husband		William Holiday, deceased.					
Father's Name		Tiller				Father's Birthplace not known	
Mother's Maiden Name		Not known				Mother's Birthplace not known	
Name of person giving In formation		Sewell Brooks				How related to deceased Housekeeper	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Complication of diseases	How long	One year
Immediate	Exhaustion	How long	Three months
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		B. F. Hartley, Coroner.	
Address		Crumpton, Md.	
Accident or Suicide?		No	



Name in Full

Certificate of Death

Samuel George Hollis

Town

County

MARYLAND

Died at Barclay Sleep Anne

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

2-17

Age

3-20

Ind

Male

~~White~~

~~Married~~

~~Widow~~

~~Divorced~~

~~Female~~

Colored

~~Single~~

~~Widower~~

~~Number of children living~~

Husband of

Wife

Father's

Name

William Hollis

Mother's

Maiden Name

Maggie Jeffers

Cause of

Primary

Death

Immediate

Pneumonia I think
did not see child for prescribe this time

How long sick

93
father says

Accident, Suicide, Homicide

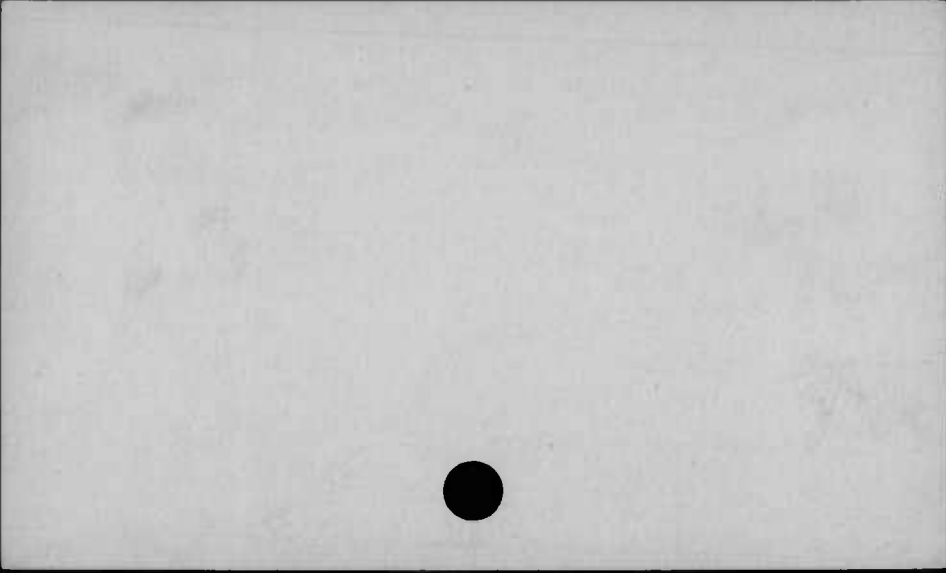
Reported by

G. W. Summons M.D.

Address

Sudlersville Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at *Queen Anne* Town *Queen Anne* County *Queen Anne* MARYLAND

Date 1903 *Feb* Month *21* Day *Y.* *M.* *D.* Age *Ind* Native of *Ind* Occupation

Male ☐ White ☐ Married ☐ Widow ☐ Divorced ☐
Female ☐ Colored ☒ Single ☒ Widower ☒ Number of children living

Husband
of
Wife

Father's Name *Stephen Jump.* Mother's Name *Ida Bergman.*

Cause of Death { Primary *Still Born.* Immediate *D* How long sick *—*
Accident, Suicide, Homicide

Reported by *A. F. Miller*

Address *Willesboro Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mary Kerby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Centerville</u>		County <u>Queen Anne</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>2</u>	Day <u>5</u>	Age <u>17</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Centerville</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>House girl</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>John Franklin Mathews</u>			Father's Birthplace <u>Centerville</u>		
Mother's Maiden Name <u>Harriet Kerby</u>			Mother's Birthplace <u>Centerville</u>		
Name of person giving Information <u>Father</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Tuberculosis</u>	How long <u>2 or 3 months</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>Centerville</u>
Accident or Suicide? <u>no</u>	



Name in Full

Certificate of Death

Joseph H. Macheers
 Died at *Sudberville* *Furnace* County

MARYLAND

Date 19 *03* Month *2* Day *25* Age *33*
 Male ~~White~~ Married ~~Widow~~ Divorced *Labour*
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of *Fannie Macheers*
 Wife

Father's Name *Joseph Macheers* Mother's Maiden Name *Mary Francis*

Cause of Death { Primary *Typhoid Pneumonia* How long sick *two weeks*
 Immediate Accident, Suicide, Homicide

Reported by *Foster Sudbr* *93*
 Address *Sudberville* *Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

Susie Nichols

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gouldtown</u> ^{Town}		<u>2. a</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>2</u>	Day <u>27</u>	Age <u>26</u>	Months <u>11</u>	Days <u>17</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Gouldtown</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Housewife</u>				
Name of wife or <u>Ford Nichols</u> Husband					
Father's Name <u>Abraham Roberts</u>			Father's Birthplace <u>Queen Anne Is</u>		
Mother's Maiden Name <u>Laura Nichols</u>			Mother's Birthplace <u>Queen Anne Is</u>		
Name of person giving information <u>Alcade Roberts</u>			How related to deceased <u>Brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u> <u>93</u>	How long <u>2 month</u>
Immediate <u>Abscess</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John H. Roberts</u>
	Address <u>Centerville</u>
Accident or Suicide? <u>No</u>	<u>Queen Anne Is Maryland</u>



Name
in
Full

Chas. Daniel Nickerson

CERTIFICATE OF DEATH

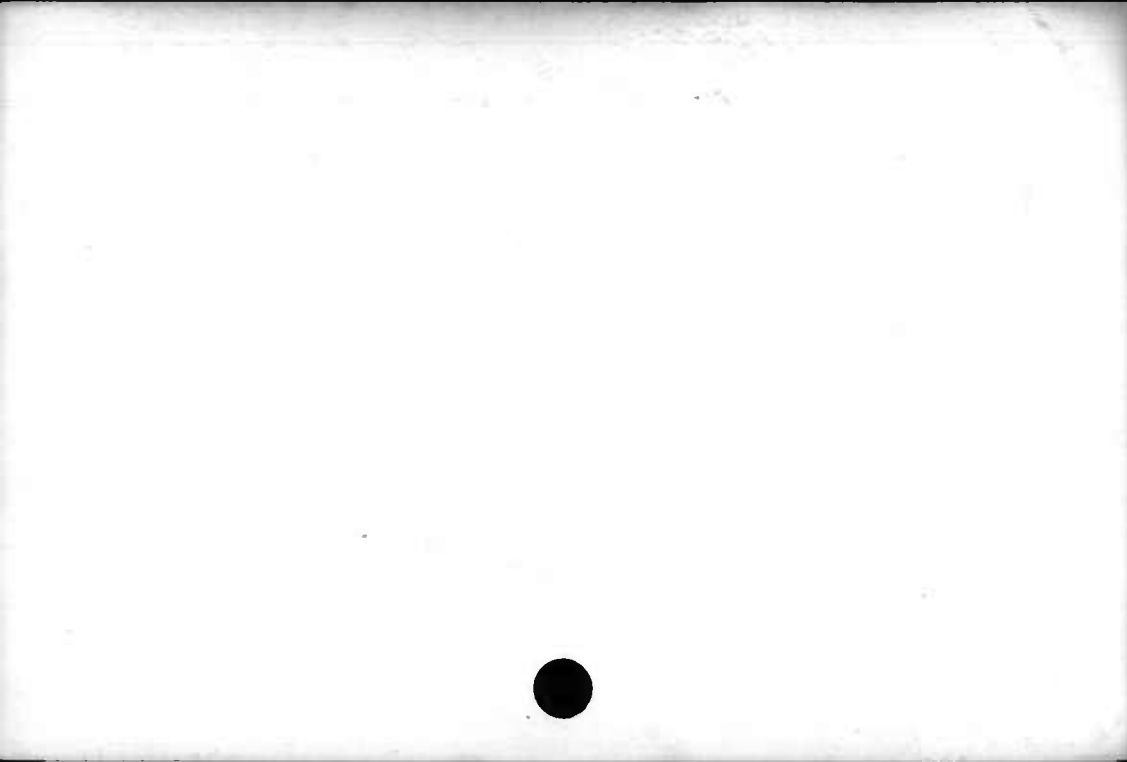
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Normans P.O.		New Annes					
Date	Month	Day	Age	Years	Months	Days	
of death 1903	Feb.	26			4	3	
Sex	Male		Color or Race	Colored		Birth-place	Kent Island
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Daniel Nickerson				Kent Island			
Mother's Maiden Name				Mother's Birthplace			
Martha Turner				" "			
Name of person giving information				How related to deceased			
Jno. Fields				Not related			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis of Lungs		How long	Since birth
Immediate	Bronchitis		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. Kemp Snyder	
Yes		Address	Kent Island Md.	
Accident or Suicide?				



Name
in
Full

John Potts

CERTIFICATE OF DEATH

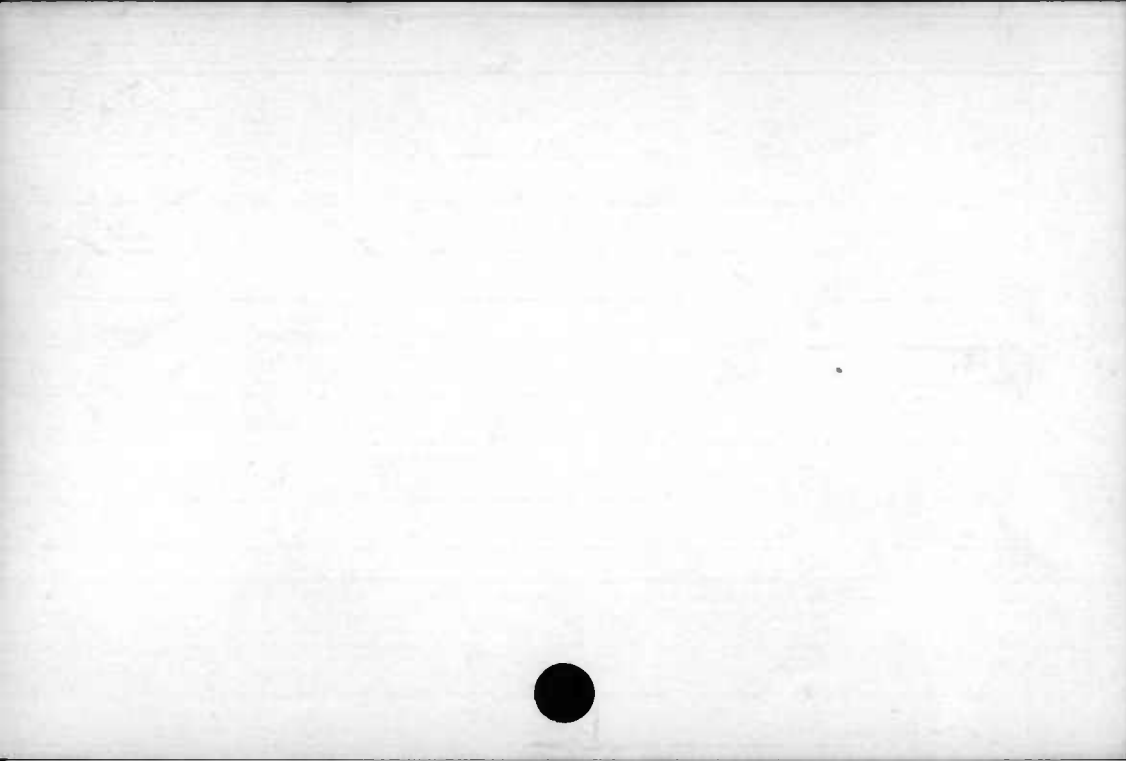
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Inglewido</i>		County <i>2. Anne</i>		MARYLAND	
Date of death 1903		Month <i>21</i>	Day <i>17</i>	Age <i>28</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Ad</i>				
Married, Single or Widowed <i>married</i>		Occupation <i>Laborer</i>					
Name of Wife or Husband <i>Rachel Potts</i>							
Father's Name <i>Alfred Potts</i>				Father's Birthplace <i>Ad</i>			
Mother's Maiden Name <i>Rachel Potts</i>				Mother's Birthplace <i>Ad</i>			
Name of person giving information <i>Alfred Potts</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>10 Days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Joseph A. Ham M.D.</i>	
		Address <i>Inglewido Md.</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

George H. Rolf

Died at

Town

County

Ludersville Furn Anne

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

2 22

Age 55

Md

Farming

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

one

Husband

of

Emma Rolf

Wife

Father's
Name

Walter Rolf

Mother's

Maiden Name

Lavinia Benton

Cause of

Primary

How long sick

about 7 yrs

Death

Immediate

Bright's

1920

Accident, Suicide, Homicide

Reported by

Foster Snider

Address

Ludersville

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

Mrs. M. A. Slaughter

Town

County

Died at

Ingleside

2400

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

2

10

Age

87

Sex

Female

Color or
Race

White

Birth-
place

Belamora

Married, Single
or Widowed

Widowed

Occupation

Jury

Name of Wife or
Husband

Harvey B Slaughter

Father's
Name

John Clements

Father's
Birthplace

Belamora

Mother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Dr. E. L. Graham

How related
to deceased

Son at Law

CAUSES OF DEATH

Primary

How long

Immediate

Nervous prostration

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

E. L. Graham M.D.
Ingleside Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Jacksonville Cemetery

Name
in
Full

Nellie Emma Jane Smallwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Coricica</i> ^{Town}		<i>Queen Anne's</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>2</i>	Day <i>23</i>	Age <i>—</i>	Months <i>10</i>	Days
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>md</i>		
Married, Single or Widowed <i>Infant</i>		Occupation <i>Infant</i>			
Name of Wife or Husband					
Father's Name <i>Jessie Smallwood</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Emma Jane Carter</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Jessie Smallwood</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>a few days</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>Was seen once by Dr J. M. Corkran</i>	Address <i>Robt. W. Eddins undertaker of Wright & Eddins</i>
Accident or Suicide?	



CERTIFICATE OF DEATH

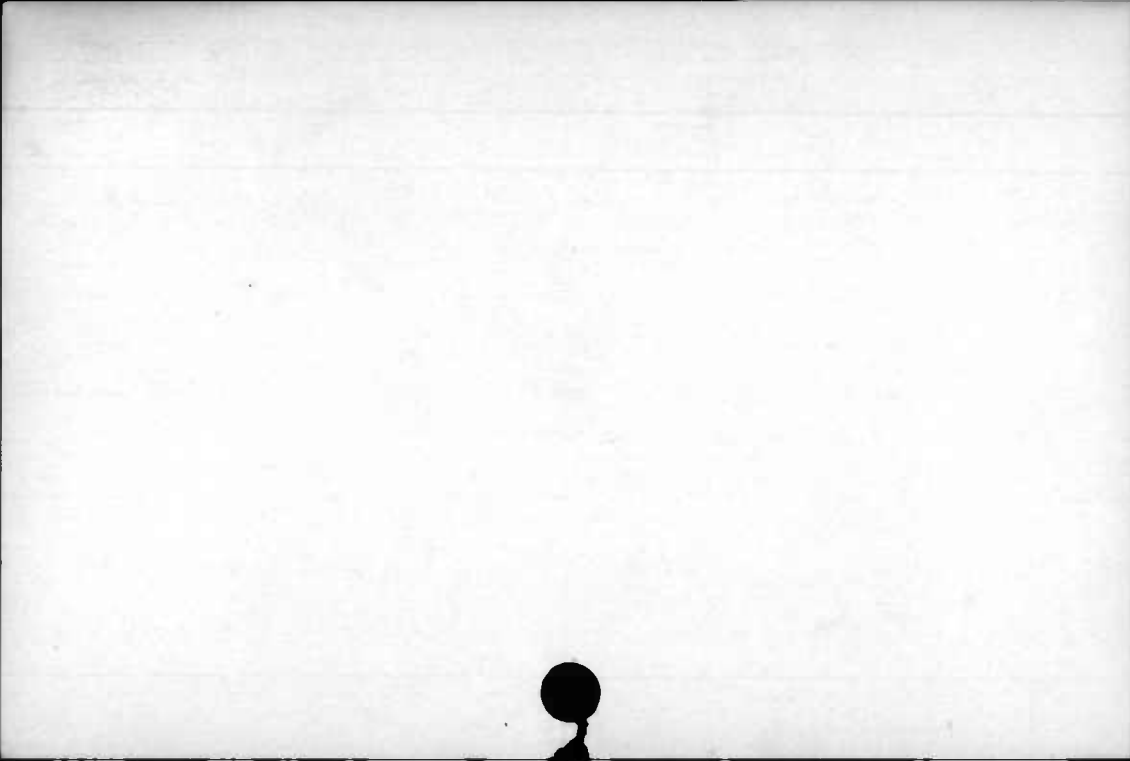
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Centerville</i>		Town <i>Queen Anne</i>		County		MARYLAND	
Date of death 190 <i>3</i>		Month <i>2</i>		Day <i>7</i>		Age <i>33</i>	
Sex <i>Female</i>		Color or Race <i>Anglo-Saxon</i>		Birth-place <i>Ind</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>House Wife</i>					
Name of Wife or Husband		<i>Husband John L. Story</i>					
Father's Name <i>Jas. Salloway</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Margrit Ann Lillchay</i>		Mother's Birthplace <i>1</i>					
Name of person giving information <i>John L. Story</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Placenta Previa	How long	8 months 2 Prepregnancy
Immediate	Uterine Hemorrhage	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	M. J. Corcoran M.D.
		Address	Centerville
Accident or Suicide?	no		



Name
in
Full

Gertie Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sudlersville		County Queen Anne's		MARYLAND		
Date	2/18	Month	2	Day	18	Years	Months	Days
of death 1903				Age				
Sex	child		Color or Race		Black		Birth-place Sudlersville	
Married, Single or Widowed				Occupation				
Name of Wife or Husband				Kate Thompson				
Father's Name				Nathan Thompson		Father's Birthplace Queen Anne's		
Mother's Maiden Name						Mother's Birthplace		
Name of person giving information				Nathan Thompson		How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	No Physician	How long
Immediate	151	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician None. R H Phillips, Seabury, Bar Clay MD
Accident or Suicide?		Address



Name
in
Full

Walter Tilghman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Church Hill</i> ^{Town}		<i>Queen Anne's Co.</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>14</i>	Age <i>7</i> Years	Months <i>6</i>	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Church Hill</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>		
Name of Wife or Husband					
Father's Name <i>Gilbert Tilghman</i>			Father's Birthplace <i>Bevil Co.</i>		
Mother's Maiden Name <i>Hermie Johnson</i>			Mother's Birthplace <i>Queen Anne's Co.</i>		
Name of person giving information <i>Gilbert Tilghman</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Rickets</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. B. Dudley</i>
	Address <i>Church Hill</i>
Accident or Suicide?	<i>md</i>

Church Hill Cemetery (Cal)

Name in Full

Certificate of Death

Cora Lera Wilson

Town

County

Died at

Star

Queen Anne

MARYLAND

Date 1913

Month

Day

Y.

M.

D.

Native of

Occupation

Feb

7

Age

19

2

25

Md.

None

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Henry Wilson

Mother's

Maiden Name

Martha Rogers

Cause of

Primary

Consumption

How long sick

Two years

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Walter H. H. H.

Address

Ruthsburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

